

FEC FORM 2
STATEMENT OF CANDIDACY

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2015 NOV -3 AM 6:59

1. (a) Name of Candidate (in full) <u>DENIS DETZEL</u>			2. FEC Candidate Identification Number		
(b) Address (number and street) <input type="checkbox"/> Check if address changed <u>7522 NORTH EASTLAKE TERRACE</u>					
(c) City, State, and ZIP Code <u>CHICAGO ILLINOIS 60626-1440</u>			3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation <u>REPUBLICAN</u>	5. Office Sought <u>HOUSE</u>	6. State & District of Candidate <u>ILLINOIS DISTRICT 9</u>			

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <u>CITIZENS FOR DENIS DETZEL</u>
(b) Address (number and street) <u>7522 NORTH EASTLAKE TERRACE</u>
(c) City, State, and ZIP Code <u>CHICAGO ILLINOIS 60626-1440</u>

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date <u>10/25/2015</u>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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Federal Election Commission
999 E Street, NW
Washington DC. 20463

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail	Postmarked
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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PREPARER
(3/2015)

11/3/15
DATE PREPARED

2015-11-03 11:00:00 AM